Agenda Item 17vi.

The Highland Council

Education, Children and Adult Services Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Friday 18 November 2016 at 11.30 am.

Present:

Mrs C Caddick
Mrs I Campbell
Mrs M Davidson (Chair)
Mr S Fuller
Mrs B McAllister
Mr D Millar
Mrs M Paterson
Mr G Ross

In attendance:

Highland Council:
Ms I Murray, Commissioning Officer, Care and Learning Service
Miss M Murray, Committee Administrator, Corporate Development Service

NHS Highland:
Dr D Alston, Chair of NHS Highland Board
Ms J Macdonald, Director of Adult Social Care
Ms G McVicar, Director of Operations, North and West Highland
Mr JP Sieczkarek, South Area Manager
Mr D Garden, Head of Financial Planning
Mr G McCaig, Head of Care Support
Mr S Steer, Head of Strategic Commissioning

Mrs M Davidson in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Christie, Mr K Gowans and Ms J Slater.

2. Declarations of Interest

The Sub-Committee **NOTED** the following declaration of interest:-

Mr G Ross declared a non-financial interest in those items that might raise discussion on care homes as his mother and mother-in-law were care home residents but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that his interest did not preclude his involvement in the discussion.

3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 16 September 2016 and the rolling Action Plan maintained by the Care and Learning Service.

During discussion, it was confirmed that an update on long-term absence and recruitment at Portree Hospital had been provided to Mr D Millar.

The Chair commented that she had not received a detailed breakdown of how the additional funding of £8m had been spent and undertook to take it up with the Head of Financial Planning outwith the meeting.

The Sub-Committee otherwise **NOTED** the Minutes and Action Plan.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/07/16 by the Director of Adult Care, NHS Highland, appending the report submitted to the Highland Health and Social Care Committee on 10 November 2016 as assurance against delivery of Adult Services within the Lead Agency.

During discussion, the following issues were raised:-

- concern was expressed regarding delayed discharge in the Royal Northern Infirmary and that those who had been delayed for a considerable length of time were becoming isolated and deteriorating;
- concern was expressed regarding the Adult Support and Protection investigation into the provision of care at Oransay Court and it was requested that regular updates be provided to Local Members;
- in relation to Am Fasgadh, the Skye and Lochalsh Mental Health Association, concern was expressed regarding the severe budget pressures and the lack of continuity for clients, the current psychiatrist commuting from Bristol and only spending one or two days per week in Skye;
- the proposed use of Town and County Hospitals as transitional care facilities and the positive impact of enablement were welcomed;
- Highland was a rural authority and communities were evolving their own methods of care out of necessity using SDS etc. The Highland Partnership was seeing and supporting a lot of change and it was important to take the Care Inspectorate with it so that inspections were relevant to the services being provided and not what existed previously. The Chair offered Members' assistance in that regard and suggested that there might be value in a small group, such as the Sub-Committee, meeting with the Care Inspectorate; and
- Members commended the improvements as a result of falls prevention work and questioned whether there was any way of capturing changes in the community.

In response to comments/questions, it was explained that:-

- the majority of delayed discharge cases in the Royal Northern Infirmary related to a lack of care home places. Officers continued to work with the sector in relation to how care home capacity was utilised. However, care homes choosing self-funding clients was an issue and, at any given time, there were approximately 60 beds that

could not be accessed due to suspension of admissions. A number of ways of addressing the issue had been explored, including creative housing models, but these took time to implement and it was necessary to move people out of hospital as quickly as possible;

- people should be waiting for one of three care homes rather than a specific home and work was underway in relation to better managing choice. However, providing a choice of three homes was quite difficult in some areas, such as the far North, and the only available place might be completely out of area which was not acceptable;
- in relation to Mandaville Care Home, the suspension was about to be lifted. Officers had been working closely with the team and the issues in terms of management appeared to have been resolved. In terms of how lifting the suspension would impact on the delayed discharge position, there were ten beds on two floors so, over the next ten weeks or so, ten people would move through the system. The third floor, which contained 18 beds, was closed and consideration was being given to whether there were any creative solutions that would allow it to be brought into use. Consideration was being given to new more direct ways of supporting care homes under suspension and it was necessary to change the relationship with the Care Inspectorate so that re-inspections were carried out much more quickly;
- the new National Care Home Contract rate had been implemented in October 2016 on the basis that care homes would pay the Living Wage and that was taking place. However, whether providers were paying the 25% contribution proposed by the Scottish Government was a different matter, there being a strong message from the sector that they did not agree to it;
- whilst concerned about double-running, increasing the use of Self-Directed Support (SDS) was the right thing to do and it was important it was carefully managed. Day Centres, for example, could become much more vibrant and community-oriented. In particular, reference was made to the Brora Hub which had been a traditional day centre for people with learning disabilities but was now a thriving intergenerational community hub. In terms of staffing, many of the people accessing the hub came with support workers so additional staff were not required. Whilst it was acknowledged that there was a need to protect traditional services for those who did not wish to use SDS, it was also important to help people understand that there were other ways of doing things;
- in relation to mental health services in Skye, the lack of continuity was a matter of concern. There had been significant challenges in terms of recruitment of psychiatrists but services were doing what they could and having a locum from Bristol was considered to be better than having no psychiatric input at all. However, this added to the financial pressures and it was recognised that people did not want to see someone they did not know. There had been some improvement and there had been a review of psychological services as a result of new appointments but the situation would continue to be monitored. Mr D Millar having confirmed that Ward Members had had a briefing from the manager of Am Fasgadh, it was suggested that the Team Leader or District Manager be invited to attend any future briefings to give a wider picture;
- with regard to the proposed use of Town and County Hospitals as transitional care facilities, trying to create a homely environment in a hospital setting whilst meeting hospital standards was not easy to achieve and discussions were ongoing with government advisers and the Care Inspectorate. The aim was to create more space, have tables for dining and provide access to activities and the community. It was highlighted that two care homes in Ullapool were being used as transitional care facilities, whereby people were being discharged to a care home for

assessment before returning home, and it was suggested that this model should be used more actively;

- in relation to falls prevention, two districts had been collecting data and had reported improvements, although the numbers were very small at this stage and the data had yet to be validated. Reference was made to the "making the right call for a fall" initiative which had been implemented in the North and West and which had led to a reduction in the number of calls to the Scottish Ambulance Service. Statistics in that regard could be presented to a future meeting. It was also highlighted that work was taking place in partnership with the Scottish Fire and Rescue Service (SFRS) whereby lifting equipment and training was being provided so they could respond to someone who had fallen but was not injured;
- with regard to enablement and the tables on page 32 of the report, the increasing figures indicated that the right people were being targeted. The average age of admission to residential care was also increasing as more people were being supported at home. Traditionally, when someone was assessed for residential care they would have gone to residential care. Enablement, whereby an intensive period of support was provided before a decision on future care was reached, was now the default position. However, it tended to lead to more care at home and that had financial implications; and
- in relation to overspends, there were historic issues in Inverness East relating to families moving to the area to access the services that existed there, such as Drummond School and The Orchard, and children with a learning disability moving in to adulthood. With regard to East Ross, it was difficult to separate from Mid Ross in terms of services and when looked at in conjunction the budgets began to balance out. It was highlighted that a care package for a young adult with complex needs could be in excess of £200k so one case could have a significant impact on the budget.

The Chair of NHS Highland Board highlighted that all delayed discharge cases were scrutinised at a weekly meeting and the relevant information was displayed at Assynt House and continuously updated. He invited Members to contact officers if they wished to attend a meeting or view the information.

Thereafter, Members having emphasised the importance of publicising good news stories such as the Brora Hub, the Sub-Committee:-

i. **NOTED** the reports and the assurance given by the Highland Health and Social Care Committee; and
ii. **AGREED** that regular updates on the Adult Support and Protection investigation into the provision of care at Oransay Court be provided to Local Members.

5. Update on Care at Home

The Director of Adult Social Care, NHS Highland, explained that the proposed verbal update had been covered during the preceding item and invited any further comments or questions on care at home.

The Chair having requested an update on the Single Point of Access (SPA), it was explained that there was one SPA for the city of Inverness which had been operational for approximately one month. There had been a number of teething problems, mainly in terms of fielding the volume of calls, there having been over 300 calls by 11.00 am on the first day. A number of measures had been put in place in that regard – for example, a professional mobile phone for GP practices. A different system was in

operation in Beauly whereby people could get straight through to the integrated team. It was a learning process and changes were being made on a daily basis.

In the North and West, the SPA had been implemented on a district basis and Health and Social Care Coordinators, who had received additional training and could do immediate triage, had been put in place to answer the phones. Early reports were that it was working well.

During discussion, an assurance was sought and provided that queues were not being formed. The volume of calls had been unexpected and it had been necessary to rethink and revise but it was anticipated that the initial issues would be addressed within a month. There were thousands of call per week, which was indicative of the pressure the NHS was under in terms of adult health and social care services, and it was necessary to separate out the calls that required an immediate response from those that did not.

In relation to who was calling, it was explained that it could be anyone with an enquiry about an existing or potential service – for example, an individual, a family member, a neighbour or a GP. A daily huddle took place and cases were allocated to the most appropriate person. If it was a new package, a lead professional was assigned. Care at home support workers could access the professionals they needed directly.

With regard to the future of adult health and social care and the creation of a care profession, the Chair of NHS Highland Board commented that it was necessary to build on the integrated workforce planning already taking place. The Chair concurred and emphasised the need to involve communities in the discussions.

Thereafter, having commented that it would be helpful to see statistics and feedback from communities after a year of operation, the Sub-Committee **NOTED** the position in relation to the Single Point of Access.

Development

6. Health and Wellbeing Outcomes – Revision of the Balanced Scorecard for Commissioned Services

There had been circulated Report No ASDS/08/16 dated 11 November 2016 by the Head of Care Support on behalf of the Director of Strategic Commissioning, Planning and Performance, NHS Highland, which reviewed and recommended changes to the balanced scorecard used to monitor the effectiveness of Adult Services commissioned from NHS Highland by the Council.

The Head of Care Support sought Members' views on the proposals, highlighting that they had been agreed by the Highland Health and Social Care Committee on 10 November and the Highland Council/NHS Highland Joint Monitoring Committee on 17 November 2016. It was also highlighted that, in relation to Balanced Scorecard Indicator 3.5 on page 17 of the papers, the baseline was to be determined.

During discussion, the following issues were raised:-

- further to the discussion under item 5, it was suggested that consideration be given to a measure relating to how people were accessing services;

- there were measures in relation to acute services but far less in relation to community-based services;
- it was necessary to measure the things that kept people well and living independently at home – for example, access to social activities;
- communities needed to find ways to encourage people to join groups – for example, a visiting book club was being implemented in South Loch Ness;
- the revised balanced scorecard was a significant improvement on what had been measured to date. However, it would not necessarily be what was needed in six months' time and it was important that continued consideration was given to whether there were areas that needed to change. There was a process in place but the Sub-Committee was one of the forums where suggestions could be brought forward;
- there was a significant amount of work taking place in relation to respite and there were still issues in terms of how to define and record it; and
- it was imperative that there were not hidden waiting lists of people in need of a service.

In response to comments/questions, it was explained that:-

- the number of people receiving a service was not necessarily a good indicator and it was important to be aware of the relationship between hours of service and people. For example, a small number of people with complex needs might require the same number of hours as a larger number of people who did not require the same level of support;
- in relation to the SPA, consideration could be given to including a question about the quality of service in a survey. In addition, Health and Social Care Coordinators were already recording the number and nature of calls received – for example, signposting to support groups – and it was suggested that this could be formalised. There was not one SPA for the whole of Highland but rather there were SPAs for specific areas, each with their own telephone number. There were six in the North and West and five in the Inner Moray Firth and the aim was to have them co-located with integrated teams. The numbers were beginning to be advertised and were on the signature line on emails. The Chair of NHS Highland Board suggested that visits to integrated teams could be set up through the Community Planning Partnership;
- the number of pharmacy clients was recorded through the Minor Ailment Service;
- Lochaber and Dingwall were trialling having a member of Connecting Carers based in the integrated team. This meant that, with consent, referrals for respite were going direct to Connecting Carers and people had access to specialist support. It was anticipated that this would be rolled out further;
- the South Area Manager had been invited to a meeting with the Highland Third Sector Interface to discuss what NHS Highland would like to see from them and vice versa. It was necessary to improve communication and build better relationships in order to help people understand what choices were available to them; and
- performance data could be broken down by operational area. The issue would be breaking it down to community level.

Thereafter, the Sub-Committee **AGREED** the new balanced scorecard detailed at Appendix A of the report.

The meeting concluded at 1.05 pm.